

Protecting Access to Emergency Care

Special Liability Reform for Emergency Medical Care Providers

*Connecticut College of Emergency Physicians - Connecticut State Medical Society - Connecticut Hospital Association –
Connecticut Academy of Physician Assistants- Connecticut Chapter of the American College of Surgeons –
Connecticut Orthopaedic Society – American College of Obstetricians and Gynecologists – Connecticut Chapter-
Connecticut State Society of Anesthesiologists – Fairfield County Medical Association –
Connecticut Ear, Nose & Throat Society – Connecticut Society of Eye Physicians –
Connecticut Dermatology & Dermatologic Surgery Society – Connecticut Urology Society*

Support HB 5434

AAC The Professional Standard of Care for Emergency Medical Care Providers

Background

Emergency Departments are the backbone of Connecticut's healthcare safety net and its emergency care system. Our Emergency Departments care for anyone seeking medical services, from the most severe trauma, to seasonal flu, to a simple laceration. However, this safety net is at the breaking point.

Connecticut's emergency care system is at this critical juncture because there is a severe shortage of on-call physicians willing to treat emergency patients requiring specialty consultation such as orthopedics, plastic, hand, and neurosurgeons. Connecticut no longer has a safety net to safeguard all patients. Continuing to ignore and dismiss this problem will cause further erosion into the emergency care system and compromise quality and safety to deplorable levels.

Federal EMTALA Mandate

A federal law, known as EMTALA, mandates that hospitals ensure that there are enough physicians who provide emergency care and on-call specialists to fully evaluate any patient who presents to an emergency department. The federal mandate requires that hospitals provide for the availability of any and all tests to determine the existence of an emergency medical condition, stabilization of any emergency medical condition that is found, and on-call specialists if necessary to help stabilize the patient; this is all done without consideration of the patient's ability to pay. Because the hospital, physicians who provide emergency care and the on-call specialist do not have a choice in providing this mandatory evaluation and/or treatment, there needs to be some relief from malpractice claims that might arise from this obligation.

Reform Will Improve Access to Emergency Care

Physicians who provide emergency care make life and death decisions, often without access to critical medical information and the ability to form an adequate doctor/patient relationship. At this time of healthcare reform, policy makers need to develop measures that support emergency care as a critical component of health care. Any reform must improve access and the quality of emergency care. One key component is medical malpractice reform.

The Health Care and Education Reconciliation Act of 2010 provides grants for states to enact legislation that will modify the current malpractice environment. In the American College Emergency Physicians' 2009 State of Emergency Care Report, Connecticut ranked 35th in the nation for our medical malpractice environment. Many other states have already enacted professional liability reform in order to strengthen the emergency care safety net for their constituents.

The time is now for our state to support access to emergency care and help control cost by enacting significant and meaningful medical malpractice reform.

The Solution

A coalition of health care providers strongly believe Connecticut must take advantage of the available federal grants and pass meaningful malpractice reform to ensure that patient continue to have access to physicians who provide emergency care and on-call specialist. HB 5434 simply raises the burden of proof for physicians who provide emergency care and specialist that are willing to take call under federal EMTALA. This added protection will guarantee patient access to quality medical care. We look forward to the future where Connecticut's emergency department patients can expect timely and consistent emergency care. Stabilizing the safety net can only happen with significant and consequential reform.